



STATE OF MARYLAND

**DHMH**

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**Maryland Department of Health and Mental Hygiene**

**Mental Hygiene Administration**

**Spring Grove Hospital Center • Dix Building**

**55 Wade Avenue • Catonsville, Maryland 21228**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

February 4, 2009

**MEMORANDUM**

**TO:** Community Mental Health Providers

**From:** Brian Hepburn, M.D.  
Executive Director  
Mental Hygiene Administration

**SUBJECT:** Required Financial Information

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The Mental Hygiene Administration (MHA) and the Community Services Rate Reimbursement Commission (CSRRC) are in the process of collecting financial statements and/or audited financial reports and conducting a wage and benefit survey for fiscal year 2008. In the spring of 2007 the Mental Hygiene Administration (MHA) issued regulations that require all providers regulated under the Code of Maryland Regulations (COMAR) 10.21.17 to submit annual financial statements and/or audited financial reports and to complete a wage and benefit survey. This information is necessary in order to establish and validate recommendations for rate reimbursement for the public mental health system. The financial statement and/or audited financial report and the wage and benefit survey for fiscal year 2008 are due to MHA by **March 1, 2009**. The provision of this information is mandatory and must be turned in by the deadline. Failure to submit this information will affect your agency's approval to receive reimbursement as a community mental health program.

A copy of your financial statement or audited report should be submitted to MHA. If your agency does not have an audited financial report a financial statement that includes revenues and expenses can be provided in lieu of an audited report. The wage and benefit survey form and instructions can be downloaded from MAPS-MD, [www.MAPS-MD.com](http://www.MAPS-MD.com) or the MHA, [www.dhmv.state.md.us/MHA/](http://www.dhmv.state.md.us/MHA/) websites. The survey form should be completed by all programs despite the reference to outpatient mental health centers and psychiatric rehabilitation programs at the top of the form. The financial statement or report and the wage



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and benefit survey may be submitted electronically or by mail. The financial report and the wage and benefit survey must be submitted to the following: Mr. Graham Atkinson, consultant to the CSRRC, [JGAtkinson@aol.com](mailto:JGAtkinson@aol.com); MHA, [adultservices@dhhm.state.md.us](mailto:adultservices@dhhm.state.md.us), and the respective Core Service Agency (CSA).

If you prefer you may submit the financial report and the wage and benefit survey by mail and address to the attention of Ms Tracey DeShields, Spring Grove Hospital Center, Dix Building, 55 Wade Avenue, Catonsville, MD 21228. The information will be forwarded to Mr. Atkinson. Should you have any questions, please contact Ms. Tracey DeShields at 410-402-8300. Thank you in advance for your immediate attention to this matter.

cc: CSA Directors

Lissa Abrams – MHA

Tracey DeShields – MHA

Graham Atkinson – CSRRC

Theodore N. Giovanis – CSRRC

Herb Cromwell – CBH

Nancy Calvert – MAPS-MD